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HARYANA GOVERNMENT

TRANSPORT DEPARTMENT

Notification

The 22nd November, 2019

No. 21/2/2014-1T(II).— In furtherance of the efforts of the State Government to increase Road Safety, the State Government hereby creates a Solatium Fund with a token provision of Rs.1.00 Crore (one crore rupees) for payment of compensation to the victims of hit and run motor accident cases. The detailed guidelines for release of compensation out of the said fund are as follows:

I. Management of Fund

1. The Fund shall be managed by the Transport Commissioner and the provision made by the Government for the aforesaid Fund shall be kept in a Separate Bank Account in any of the scheduled Banks recognized by the Reserve Bank of India.
2. The Transport Commissioner is declared as the “Claim Settlement Officer”.
3. The concerned Secretary, Regional Transport Authority is declared as the “Claim Enquiring Officer”.

II. Amount of Compensation

There shall be paid as compensation

- (a) In respect of death of any person a fixed sum of two lakh rupees.
- (b) In respect of grievous hurt to any person, a fixed sum of fifty thousand rupees.

III. Procedure for claiming compensation from the fund.

1. The applicant shall submit an application seeking compensation from the fund on Form-I alongwith duly filled in discharge certificate in Form II and an undertaking in Form V to the Claim Enquiring Officer of the Region where the accident takes place.
2. The application shall be made within a period of 6(six) months from the date of accident.
3. Where the Claims Enquiring Officer does not accept the grounds advanced by the applicant, he shall record a speaking order and communicate the same to the applicant for not accepting the claim application with a copy marked to Claim settlement Officer.

IV. Procedure to be followed by Secretary, Regional Transport Authority (Claims Enquiry Officer)

1. An automatic intimation shall be sent to the Claim Enquiry Officer by the concerned SHO at the time of writing FIR along with inquest report, post mortem report/certificate of enquiry in respect of claims arising out of hit and run motor accidents and on receipt of the application form the applicant the same documents will be attached with the application.
2. In case of the more than one claimants, the concerned Claim Enquiry Officer shall decide as to who are the rightful claimants and their proportion.
3. The Claim Enquiry Officer will submit a report in Form-III alongwith duly discharge receipt in Form-II and the undertaking in Form-V and his/her recommendation to the Claim Settlement Officer within one month.

V. Sanction of Claim

1. On receipt of report from the Claim Enquiry Officer, the Claim Settlement Officer shall sanction the claim as far as possible within 15 days from the date of receipt of the report from the Claim Enquiry Officer and communicate the sanction order in Form-IV and intimate the same to the claimant and the Claim Enquiry Officer.
2. In case of claims arising out of death, the payment shall be made to the legal heirs/ representative(s) of the deceased as decided by the Claim Enquiry Officer & in case of claims arising out of grievous hurt, the payment shall be made to the person injured in the shape of NEFT/RTGS directly in his/her aadhar linked bank account.
3. If the details of the vehicle involved in accident are detected at a later date, the claimant has to refund the amount to the Claim Settlement Officer out of the claims settled by the Insurance Company/Claims Tribunal as the case may be.

T. C. GUPTA,
Additional Chief Secretary to Government Haryana,
Transport Department.

Solatium Fund of Haryana**Form- I**

I, son of/daughter of/widow of *Shri residing at hereby apply as a legal representative/agent for grant of compensation on account of death/injuries sustained, Shri/Shrimati/Kumari son of/daughter of/widow of Shri who died/ had sustained injuries in motor vehicle accident on At Particulars in respect of accident and other information are given below:-

1. Name and father's name of person injured (husband's name in case of married woman or widow):
2. Address of the person Injured/dead
4. Sex of the' person injured/dead:
5. Place, date and time of accident
6. Occupation of the person injured/dead;
7. Nature of injuries sustained:
8. Name and address of Police station in whose jurisdiction accident took place or was registered:
9. Name and address of the Medical Officer/Practitioner who attended on the injured/dead:
10. Name and address of the claimant/claimants:
11. Relationship with the deceased;
12. Any other information that May be considered necessary or helpful in the disposal of the claim.

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

*Strike out whichever is not applicable.

Solatium Fund of Haryana**Form- II****SANCTION ORDER NO.****DATED:****Discharge Receipt**

Received with thanks from Claims Settlement officer (T.C, Haryana) sum of Rs..... being compensation under hit and run provisions of Motor Vehicles Act in full and final settlement of my claim for the accident occurred to me/to the deceased person (Name of deceased) on (Date of accident) at (Name of place).

**Signature on revenue stamp
by beneficiary/victim****WITNESS:**

Solatium Fund of Haryana**Form- III**

Claims enquiry report to be submitted by the Claims Enquiry Officer to the Claims Settlement Commissioner

1. Name and address of the person dead/injured
2. Place, time and date of the accident .
3. Particulars of the Police Station in which the accident was registered.
4. Particulars of the Medical Officer/practitioner who examined the dead/injured.
5. Particulars of persons Summoned and examined:
6. Whether the, fact of death/injury by hit and run motor accident has been established or not and the reason for coming to that conclusion:
7. The name and address of claimant(s) eligible for payment of compensation:
8. The amount of compensation recommended for payment to the claimant (In case of more than one claimant the amount each one of the claimants is eligible and reasons thereof shall be specified.
9. Any other information in records relevant or useful for the settlement of the claim.

**Signature, designation of the
Claims Enquiry Officer.**

Seal:

Date:

Solatium Fund of Haryana**Form- IV**

Serial No.
Claim Settlement Commissioner
District

ORDER

I hereby sanction Rs. as compensation in respect of the death of
(Name of deceased)/grievous hurt to (Name of injured) resulting from hit and run motor accident which
took place at (Name of place) on (Date) to Shri/Shrimati/Kumari as
legal representative of the deceased (.....) or to (Name of injured).

Claims Settlement Commissioner

CC to:-

- 1. The Claimant;**
- 2. Motor Vehicles Accident Claims Tribunals;**
- 3. Claims Enquiry officer;**
- 4. Transport Commissioner, Haryana.**

Solatium Fund of Haryana**Form- V**

I/We as legal heirs/representative(s) of the deceased/injured hereby give undertaking that I/We shall refund the amount of compensation awarded to me/us under sanction order no., dated by the Claims Settlement Commissioner to Claims Settlement Officer in case I/We am/are awarded any other compensation or amount in lieu of or by way of satisfaction of a claim for compensation in respect of death or grievous hurt to under any other provisions of the Motor Vehicles Act, 1988 or any other law for the time being in force or otherwise.

**Signatures of the heirs/Legal representative(s)
of the deceased/injured person.**